



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF BREMEN, INC.

City of Hospital: Bremen

Year Begin: 05/01/2016 (mm/dd/yyyy format)

Year End: 04/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Amy Lashbrook

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Medicare Provider Number: 15-1300

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6327749
Outpatient Patient Service Revenue	\$30334440
Total Gross Patient Service Revenue	\$36662189

2. Deductions From Revenue

Contractual Allowance	\$17511093
Other Deductions	\$226608
Total Deductions	\$17737701

3. Total Operating Revenue

Net Patient Service Revenue	\$18924488
Other Operating Revenue	\$813157
Total Operating Revenue	\$19737645

4. Operating Expenses

Salaries and Wages	\$9591513	Employee Benefits	\$2729479
Depreciation and Amortization	\$771607	Interest Expense	\$594767
Bad Debt	\$1200084	Other Expenses	\$6709728
Total Operating Expenses	\$21597178		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1859533	Total Assets	\$18382152
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$15704365

Total Net Gains	\$-1859533
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$11950986	\$6112369	\$5838617
Medicaid	\$2497828	\$2222033	\$275795
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22213375	\$9176691	\$13036684
Total	\$36662189	\$17511093	\$19151096

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$12384	\$-12384
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$50824	\$-50824

Number of Medical Professionals Trained	43
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	4330

Statement Six: Charity Statement
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Hospital Charity Charges	\$226608
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$129503	
HCI Payments	\$0		
Subtotal	\$0	\$129503	\$-129503
Medicaid Shortfalls	\$916066	\$2155059	
Subtotal	\$916066	\$2284562	\$-1368496
DSH Payments	\$0		
Subtotal	\$916066	\$2284562	\$-1368496
Medicare Shortfalls	\$4523482	\$5599111	
Other Government Programs	\$0	\$0	
Total	\$5439548	\$7883673	\$-2444125

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$756199	\$3563883	\$-2807684
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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